

#6a 21/102 arra

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) : Examiner: N.Y.A.	
SEPPO REINO KERONEN ET AL.)	
Application No.: 09/801,688	: Group Art Unit: 2876	
Filed: March 9, 2001)	TECH
For: USER PROGRAMMABLE SMART CARD INTERFACE SYSTEM HAVING AN ARBITRARY MAPPING) :) : January 14, 2002	RECEIVED JAN 23 2002 FECHNOLOGY CENTER
Commissioner for Patents Box: Patent Application Washington, D.C. 20231		2 2 ER 2800

PRELIMINARY AMENDMENT

Sir:

Preliminary to examination, please amend the above-identified application as follows:

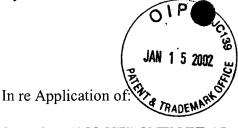
IN THE CLAIMS

Please add Claims 15-40 as follows:

15. (New) A smart card to be inserted into a card reader that communicates with a computer device, said smart card comprising:

01/22/2002 HWOLDER1 00000026 09801688

01 FC:102 02 FC:103 504.00 OP 360.00 OP



Docket No. 00169.001469.1

SEPPO REINO KERONEN ET AL.

Application No.: 09/801,688

Examiner: N.Y.A.

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For:

USER PROGRAMMABLE SMART CARD

INTERFACE SYSTEM HAVING AN

ARBITRARY MAPPING

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THE COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	IDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 40	MINUS	**	= 20	x \$9 \$18	\$360.00
INDEP. CLAIMS	* 9	MINUS	***	= 6	x \$42 \$84	\$504.00
Fee for Multiple Dependent claims \$140°/\$280				\$0		
			TOTAL ADDITI			\$864.00

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$864.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	21 Diane

Attorney for Applicants

Registration No. 79, 296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801

Facsimile: (212) 218-2200

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